

110TH CONGRESS  
1ST SESSION

# S. 1050

To amend the Rehabilitation Act of 1973 and the Public Health Service Act to set standards for medical diagnostic equipment and to establish a program for promoting good health, disease prevention, and wellness and for the prevention of secondary conditions for individuals with disabilities, and for other purposes.

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## IN THE SENATE OF THE UNITED STATES

MARCH 29, 2007

Mr. HARKIN introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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## A BILL

To amend the Rehabilitation Act of 1973 and the Public Health Service Act to set standards for medical diagnostic equipment and to establish a program for promoting good health, disease prevention, and wellness and for the prevention of secondary conditions for individuals with disabilities, and for other purposes.

1       *Be it enacted by the Senate and House of Representa-*  
2       *tives of the United States of America in Congress assembled,*

3       **SECTION 1. SHORT TITLE.**

4       This Act may be cited as the “Promoting Wellness  
5       for Individuals with Disabilities Act of 2007”.

1 **SEC. 2. ESTABLISHMENT OF STANDARDS FOR ACCESSIBLE**  
2 **MEDICAL DIAGNOSTIC EQUIPMENT.**

3 Title V of the Rehabilitation Act of 1973 (29 U.S.C.  
4 791 et seq.) is amended by adding at the end of the fol-  
5 lowing:

6 **“SEC. 510. ESTABLISHMENT OF STANDARDS FOR ACCES-**  
7 **SIBLE MEDICAL DIAGNOSTIC EQUIPMENT.**

8 “(a) STANDARDS.—Not later than 9 months after the  
9 date of enactment of the Promoting Wellness for Individ-  
10 uals with Disabilities Act of 2007, the Architectural and  
11 Transportation Barriers Compliance Board shall issue (in-  
12 cluding publishing) standards setting forth the minimum  
13 technical criteria for medical diagnostic equipment used  
14 in (or in conjunction with) physician’s offices, clinics,  
15 emergency rooms, hospitals, and other medical settings.  
16 The standards shall ensure that such equipment is acces-  
17 sible to, and usable by, individuals with disabilities, and  
18 shall allow independent entry to, use of, and exit from the  
19 equipment by such individuals to the maximum extent pos-  
20 sible.

21 “(b) MEDICAL DIAGNOSTIC EQUIPMENT COV-  
22 ERED.—The standards issued under subsection (a) for  
23 medical diagnostic equipment shall apply to equipment  
24 that includes examination tables, examination chairs (in-  
25 cluding chairs used for eye examinations or procedures,  
26 and dental examinations or procedures), weight scales,

1 mammography equipment, x-ray machines, and other radi-  
2 ological equipment commonly used for diagnostic purposes  
3 by health professionals.

4 “(c) INTERIM STANDARDS.—Until the date that the  
5 standards described under subsection (a) are in effect,  
6 purchases of examination tables, weight scales, and mam-  
7 mography equipment made after January 1, 2008, and  
8 used in (or in conjunction with) medical settings as de-  
9 scribed in subsection (a), shall meet the following interim  
10 accessibility requirements:

11 “(1) Examination tables shall be height-adjust-  
12 able between a range of at least 18 inches to 37  
13 inches.

14 “(2) Weight scales shall be capable of weighing  
15 individuals who remain seated in a wheelchair or  
16 other personal mobility aid.

17 “(3) Mammography machines and equipment  
18 shall be capable of being used by individuals in a  
19 standing, seated, or recumbent position, including  
20 individuals who remain seated in a wheelchair or  
21 other personal mobility aid.

22 “(d) REVIEW AND AMENDMENT.—The Architectural  
23 and Transportation Barriers Compliance Board shall peri-  
24 odically review and, as appropriate, amend the stand-  
25 ards.”.

1 **SEC. 3. WELLNESS GRANT PROGRAM FOR INDIVIDUALS**  
 2 **WITH DISABILITIES.**

3 Part P of title III of the Public Health Service Act  
 4 (42 U.S.C. 280g et seq.) is amended by adding at the end  
 5 the following new section:

6 **“SEC. 399R. ESTABLISHMENT OF WELLNESS GRANT PRO-**  
 7 **GRAM FOR INDIVIDUALS WITH DISABILITIES.**

8 “(a) IN GENERAL.—

9 “(1) INDIVIDUAL WITH A DISABILITY DE-  
 10 FINED.—For purposes of this section, the term ‘in-  
 11 dividual with a disability’ has the meaning given the  
 12 term in section 7(20) of the Rehabilitation Act of  
 13 1973 (29 U.S.C. 705(20)), for purposes of title V of  
 14 such Act (29 U.S.C. 791 et seq.).

15 “(2) WELLNESS GRANT PROGRAM FOR INDIVID-  
 16 UALS WITH DISABILITIES.—The Secretary, in col-  
 17 laboration with the National Advisory Committee on  
 18 Wellness for Individuals With Disabilities, may make  
 19 grants on a competitive basis to public and nonprofit  
 20 private entities for the purpose of carrying out pro-  
 21 grams for promoting good health, disease prevention,  
 22 and wellness for individuals with disabilities, and  
 23 preventing secondary conditions in such individuals.

24 “(b) REQUIREMENT OF APPLICATION.—To be eligi-  
 25 ble to receive a grant under subsection (a), a public or  
 26 nonprofit private entity shall submit to the Secretary an

1 application at such time, in such manner, and containing  
2 such agreements, assurances, and information as the Sec-  
3 retary determines to be necessary to carry out this section.

4 “(c) AUTHORIZED ACTIVITIES.—With respect to pro-  
5 moting good health and wellness for individuals with dis-  
6 abilities described in subsection (a), activities for which  
7 the Secretary may make a grant under such subsection  
8 include—

9 “(1) programs or activities for smoking ces-  
10 sation, weight control, nutrition, or fitness that  
11 focus on the unique challenges faced by individuals  
12 with disabilities regarding these issues;

13 “(2) preventive health screening programs for  
14 individuals with disabilities to reduce the incidence  
15 of secondary conditions; and

16 “(3) athletic, exercise, or sports programs that  
17 provide individuals with disabilities (including chil-  
18 dren with disabilities) an opportunity to increase  
19 their physical activity in a dedicated or adaptive rec-  
20 reational environment.

21 “(d) PRIORITIES.—

22 “(1) ADVISORY COMMITTEE.—The Secretary  
23 shall establish a National Advisory Committee on  
24 Wellness for Individuals With Disabilities that shall  
25 set priorities to carry out this section, review grant

1       proposals, and make recommendations for funding,  
2       and annually evaluate the progress of the program  
3       under this section in implementing the priorities.

4               “(2) REPRESENTATION.—The Advisory Com-  
5       mittee established under paragraph (1) shall include  
6       representation by the Department of Health and  
7       Human Services Office on Disability, the United  
8       States Surgeon General or his designee, the Centers  
9       for Disease Control and Prevention, private non-  
10      profit organizations that represent the civil rights  
11      and interests of individuals with disabilities, and in-  
12      dividuals with disabilities or their family members.

13              “(e) DISSEMINATION OF INFORMATION.—The Sec-  
14      retary shall, in addition to the usual methods of the Sec-  
15      retary, disseminate information about the availability of  
16      grants under the Wellness Grant Program for Individuals  
17      with Disabilities in a manner designed to reach public en-  
18      tities and nonprofit private organizations that are dedi-  
19      cated to providing outreach, advocacy, or independent liv-  
20      ing services to individuals with disabilities.

21              “(f) REPORTS TO CONGRESS.—The Secretary shall,  
22      not later than 180 days after the date of the enactment  
23      of the Promoting Wellness for Individuals with Disabilities  
24      Act of 2007, and annually thereafter, submit to Congress  
25      a report summarizing activities, findings, outcomes, and

1 recommendations resulting from the grant projects funded  
 2 under this section during the preceding fiscal year.

3 “(g) AUTHORIZATION OF APPROPRIATIONS.—For the  
 4 purpose of making grants under this section, there are au-  
 5 thorized to be appropriated such sums as may be nec-  
 6 essary.”.

7 **SEC. 4. IMPROVING EDUCATION AND TRAINING TO PRO-**  
 8 **VIDE MEDICAL SERVICES TO INDIVIDUALS**  
 9 **WITH DISABILITIES.**

10 (a) COORDINATED PROGRAM TO IMPROVE PEDI-  
 11 ATRIC ORAL HEALTH.—Section 320A(b) of the Public  
 12 Health Service Act (42 U.S.C. 247d–8(b)) is amended  
 13 by—

14 (1) striking “, or to increase” and inserting “,  
 15 to increase”; and

16 (2) striking the period and inserting the fol-  
 17 lowing “, or to provide training to improve com-  
 18 petency and clinical skills in providing oral health  
 19 services to, and communicating with, patients with  
 20 disabilities (including those with intellectual disabil-  
 21 ities) through training integrated into the core cur-  
 22 riculum and patient interaction in community-based  
 23 settings.”.

24 (b) CHILDREN’S HOSPITALS THAT OPERATE GRAD-  
 25 UATE MEDICAL EDUCATION PROGRAMS.—Section 340E

1 of the Public Health Service Act (42 U.S.C. 256e) is  
 2 amended by adding at the end the following:

3       “(h) REQUIREMENT TO PROVIDE TRAINING.—To be  
 4 eligible to receive a payment under this section, a chil-  
 5 dren’s hospital shall provide training to improve com-  
 6 petency and clinical skills in providing health care to, and  
 7 communicating with, patients with disabilities, including  
 8 those with intellectual disabilities, as part of any approved  
 9 graduate medical residency training program provided by  
 10 the hospital. Such training shall include treating patients  
 11 with disabilities in community-based settings, as part of  
 12 the usual training or residency placement.”.

13       (c) CENTERS OF EXCELLENCE.—Section 736(b) of  
 14 the Public Health Service Act (42 U.S.C. 293(b)) is  
 15 amended—

16           (1) in paragraph (6)(B), by striking “; and”  
 17           and inserting a semicolon;

18           (2) by redesignating paragraph (7) as para-  
 19           graph (8); and

20           (3) by inserting after paragraph (6) the fol-  
 21           lowing:

22           “(7) to carry out a program to improve com-  
 23           petency and clinical skills of students in providing  
 24           health services to, and communicating with, patients



1 with disabilities, including those with intellectual dis-  
 2 abilities; and”.

3 (d) FAMILY MEDICINE, GENERAL INTERNAL MEDI-  
 4 CINE, GENERAL PEDIATRICS, GENERAL DENTISTRY, PE-  
 5 DIATRIC DENTISTRY, AND PHYSICIAN ASSISTANTS.—Sec-  
 6 tion 747(a) of the Public Health Service Act (42 U.S.C.  
 7 293k(a)) is amended—

8 (1) in paragraph (5), by striking “; and” and  
 9 inserting a semicolon;

10 (2) in paragraph (6), by striking “pediatric  
 11 dentistry.” and inserting the following: “pediatric  
 12 dentistry; and

13 “(7) to plan, develop, and operate a program  
 14 for the training of physicians or dentists, or medical  
 15 or dental residents, to improve competency and clin-  
 16 ical skills of physicians and dentists in providing  
 17 services to, and communicating with, patients with  
 18 disabilities, including those with intellectual disabil-  
 19 ities.”; and

20 (3) by inserting at the end the following: “The  
 21 training described in paragraph (7) shall include  
 22 training integrated into the core curriculum, as well  
 23 as patient interaction with individuals with disabil-  
 24 ities in community-based settings, as part of the  
 25 usual training or residency placement.”.

1 (e) ADVISORY COUNCIL ON GRADUATE MEDICAL  
 2 EDUCATION.—Section 762(a)(1) of the Public Health  
 3 Service Act (42 U.S.C. 294o(a)(1)) is amended—

4 (1) in subparagraph (E), by striking “; and”  
 5 and inserting a semicolon;

6 (2) by adding at the end the following:

7 “(G) appropriate efforts to be carried out  
 8 by hospitals, schools of medicine, schools of os-  
 9 teopathic medicine, schools of dentistry, and ac-  
 10 crediting bodies with respect to changes in un-  
 11 dergraduate and graduate medical training to  
 12 improve competency and clinical skills of physi-  
 13 cians in providing health care services to, and  
 14 communicating with, patients with disabilities,  
 15 including those with intellectual disabilities;  
 16 and”.

17 (f) MEDICARE GRADUATE MEDICAL EDUCATION  
 18 PROGRAMS.—Section 1886(h) of the Social Security Act  
 19 (42 U.S.C. 1395ww(h)) is amended by adding at the end  
 20 the following:

21 “(8) REQUIREMENT TO PROVIDE TRAINING.—

22 To be eligible to receive a payment under this sub-  
 23 section, a hospital shall provide training to improve  
 24 competency and clinical skills in providing health  
 25 care to, and communicating with, patients with dis-

1       abilities, including those with intellectual disabilities,  
2       as part of any approved medical residency training  
3       program provided by the hospital. Such training  
4       shall include treating patients with disabilities in  
5       community-based settings, as part of the usual  
6       training or residency placement.”.

7       (g) EFFECTIVE DATE.—The amendments made by  
8       subsections (b), (c), and (f) shall take effect 180 days  
9       after the date of enactment of this Act.

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